

# The Body Remembers Traumatic Events

by Dr. Beth Haessig, Psy.D.

“I never got help after the war” said the 72 year old Korean War veteran sitting before me, “because I just wanted to forget about it. I figured the sooner I moved on, the better things would be. But I think what I went through never left me; I think it shaped my life.”

This is a common dialogue I have with war veterans, no matter which war they experienced. They think that to begin anew means forgetting the past. There’s only one problem: the body remembers.

When the body’s instinctual abilities to protect itself are thwarted, overwhelmed, or rendered helpless, trauma results. The body’s biological response of this overwhelm becomes frozen within the musculature—causing the event to be an undigestable experience. Unresolved, the trauma results in a permanent experience of hypervigilance, or overwhelm / immobility, in the survivor. If the body’s neuro-chemical response of protection (in the form of fight/flight/freeze) does not work itself out of the body after the precipitating event is past, the physiological experience of the trauma events remain in the cells, thus giving the body the incorrect message that danger is still alive.

The traumatized person resides inside a body controlled and directed by a primitive part of the brain (the reptilian brain) that is ready to fight/flee or freeze. We are meant to be taken over by this brain function only when our survival is



at stake. Instead, trauma in the form of childhood neglect, abuse, car accidents, falls, routine hospitalizations, or violence, hijacks our body into experiencing the physical symptoms of hyper/hypo arousal, either all the time or when triggered. It is as if the accelerator in a car, were permanently depressed in the body. Peter Levine, trauma expert and scientist states in his recent book [In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness](#), “A traumatized individual is literally imprisoned, repeatedly frightened and restrained --- by his or her own persistent physiological reactions and by fear of those reactions and emotions. The vicious cycle of fear and immobility prevents the response from ever fully completing and resolving...” (p. 66).

The trauma survivor no longer feels safe in their own body because

they begin to experience the physiological symptoms of the reptilian brain working overtime: chronic symptoms such as numbness, hopelessness, rage, terror, helplessness, or depression become constant. The enemy becomes an internalized experience of the self and the body’s sensations. Those sensations trigger more fear and the paralysis loop closes around this cycle of fear and immobility.

Symptoms of trauma don’t necessarily qualify for the diagnostic label of Post Traumatic Stress Disorder (PTSD). Symptoms such as hyperarousal, constriction, dissociation, and feelings of numbness and shutdown without treatment, turn into anxiety disorders, depression, tics, attention problems, and a host of other chronic health problems (depending upon how the trauma expresses itself in an individual’s body.) More often than not, I see adults coming to me with anxiety or other issues when they’ve had trauma reactions from car accidents or a routine hospital visit decades prior that clearly never moved through their bodies.

Successful trauma therapy is about uncoupling the fear-immobility loop. By helping survivors experience their sensations, rather than dissociate from them, they can begin to unravel the frozen physiological response formed when the event (s) first occurred. “Effective therapy

breaks...the trauma-fear feedback loop by helping a person safely learn to contain his or her powerful sensations, emotions and impulses without becoming overwhelmed.” (Levine,p.68). Thus, the immobility response is enabled to resolve as it is evolved to do.

Veterans may think that therapy means talking about what happened and are reticent due to the understandable desire not to return to the horrific. But trauma therapy is not about talking about what happened. In fact, conventional mainstream talk therapy may serve to merely retraumatize an individual, further cementing a physiological response of terror and dysregulation in the body. Most likely, the narrative of the events are jumbled and unclear because as a person experiences overwhelm, the frontal lobe disengages in order to allow the more survival-based faculties of the brain to dominate. There is little time to stop and problem-solve because instinct takes over and action becomes paramount.

Trauma therapy involves helping the person befriend the sensations of the body, rather than dissociate from them, in order to allow the body to unwind the frozen terror. “Therapeutic approaches that neglect the body, focusing mainly on thoughts, will consequently be limited” (p. 45) says Peter Levine. “...addressing a client’s bodyspeak first and then, gradually, enlisting his or her emotion, perception and cognition is not merely valuable, it’s essential.”

The research on PTSD done by Bessel Van der Kolk, MD, leading medical director and founder of the Trauma Center in Boston, director of the National Complex Trauma Treatment Network and professor of Psychiatry at Boston University School of Medicine echoes the necessity to body-centered

interventions. Dr. van der Kolk purportedly will not treat a patient unless they are concurrently involved with body-based interventions such as yoga. As principal investigator of a 3 year NIH-funded yoga and trauma study, van der Kolk reported preliminary findings suggesting that trauma-informed gentle yoga led to significant reduction (30%) of post-traumatic stress symptoms in the body (Yoga International, Fall 2011, p. 50). Dr. van der Kolk states (in the same article) that “trauma is not about the story we tell, or the event that happened, rather it’s about the sensory and hormonal residue that gets left behind in our neurophysiology.”

The challenges I see for veterans from today’s wars, as well as the past, is often their reticence to seeking help. I offer pro bono services for veterans and at present, I am treating no one. There persists a sense of shame surrounding symptoms of trauma—as if the veteran sees them as character weaknesses. I frequently field calls from family members of veterans who are unable to get their loved ones to seek help.

I find that there seems to be a general assumption that I won’t understand. I was told by military personnel that I am not part of the military culture, and therefore, stand outside of the familiar, and the trustworthy.

Unfortunately, the age-old adage “time heals all wounds” doesn’t apply when it comes to trauma says Peter Levine (p. 88) “This ‘sweeping under the rug’ not only prolongs the inevitable, it often makes the eventual encounter with immobility even more frightening.”

A traumatized individual cannot begin to fathom wellness because their very home (body) is turning against them—seemingly beyond their control. But effective trauma

therapy works—for the body is longing for regulation, peace, and homeostasis. With loving guidance, the body comes to know how to find this balance. Whether your war was in Korea, Iraq, or in your own home, help is out there. You don’t have to suffer anymore.

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